

TOM DAVIS, VIRGINIA,  
CHAIRMAN

CHRISTOPHER SHAYS, CONNECTICUT  
DAN BURTON, INDIANA  
ILEANA ROS-LEHTINEN, FLORIDA  
JOHN M. McHUGH, NEW YORK  
JOHN L. MICA, FLORIDA  
GIL GUTKNECHT, MINNESOTA  
MARK E. SOUDER, INDIANA  
STEVEN C. LATOURETTE, OHIO  
TODD RUSSELL PLATTS, PENNSYLVANIA  
CHRIS CANNON, UTAH  
JOHN J. DUNCAN, JR., TENNESSEE  
CANDICE MILLER, MICHIGAN  
MICHAEL R. TURNER, OHIO  
DARRELL ISSA, CALIFORNIA  
JON C. PORTER, NEVADA  
KENNY MARCHANT, TEXAS  
LYNN A. WESTMORELAND, GEORGIA  
PATRICK T. McHENRY, NORTH CAROLINA  
CHARLES W. DENT, PENNSYLVANIA  
VIRGINIA FOXX, NORTH CAROLINA  
JEAN SCHMIDT, OHIO  
BRIAN P. BILBRAY, CALIFORNIA

ONE HUNDRED NINTH CONGRESS

# Congress of the United States

## House of Representatives

COMMITTEE ON GOVERNMENT REFORM

2157 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515-6143

MAJORITY (202) 225-5074  
FACSIMILE (202) 225-3974  
MINORITY (202) 225-5051  
TTY (202) 225-6852

<http://reform.house.gov>

September 22, 2006

HENRY A. WAXMAN, CALIFORNIA,  
RANKING MINORITY MEMBER

TOM LANTOS, CALIFORNIA  
MAJOR R. OWENS, NEW YORK  
EDOLPHUS TOWNS, NEW YORK  
PAUL E. KANJORSKI, PENNSYLVANIA  
CAROLYN B. MALONEY, NEW YORK  
ELIJAH E. CUMMINGS, MARYLAND  
DENNIS J. KUCINICH, OHIO  
DANNY K. DAVIS, ILLINOIS  
WM. LACY CLAY, MISSOURI  
DIANE E. WATSON, CALIFORNIA  
STEPHEN F. LYNCH, MASSACHUSETTS  
CHRIS VAN HOLLEN, MARYLAND  
LINDA T. SANCHEZ, CALIFORNIA  
C.A. DUTCH RUPPERSBERGER,  
MARYLAND  
BRIAN HIGGINS, NEW YORK  
ELEANOR HOLMES NORTON,  
DISTRICT OF COLUMBIA

BERNARD SANDERS, VERMONT,  
INDEPENDENT

The Honorable Julie Gerberding  
Director  
Centers for Disease Control and Prevention  
1600 Clifton Road  
Atlanta, GA 30333

Dear Dr. Gerberding:

In May, I wrote to ask why CDC had not once updated the Compendium of HIV Prevention Interventions with Evidence of Effectiveness.<sup>1</sup> This key compilation of proven programs was supposed to be revised annually, yet your agency has not released a single update since the document was first issued in 1999. Noting that the list of proven interventions does not include any abstinence-only programs, I expressed my concern that this decision may have been influenced by ideological or political considerations.

The response I recently received from you has done nothing to answer my questions or alleviate my concern. You acknowledged that CDC experts have identified new effective programs since the original 1999 publication. You noted — as I did in my original letter — that a subset have been translated into program materials or incorporated into CDC-run trainings. Yet you offered no explanation of why CDC would not want to provide the prevention community with a full compilation of programs that have been found to be effective. Instead, you cited a set of journal articles and conference presentations as “effective and expeditious methods to provide the latest available information to our colleagues and prevention partners.”<sup>2</sup>

This characterization is unpersuasive. The Institute of Medicine found in 2001 that although research had yielded valuable information on interventions that reduce HIV risk, the results of this research were not being disseminated effectively:

Although such research projects are valuable for the development of better social and behavioral prevention tools,

---

<sup>1</sup> Letter from Rep. Henry A. Waxman to Dr. Julie Gerberding (May 30, 2006) (online at <http://www.democrats.reform.house.gov/story.asp?ID=1060>).

<sup>2</sup> Letter from Dr. Julie Gerberding to Rep. Henry A. Waxman (Sept. 7, 2006).

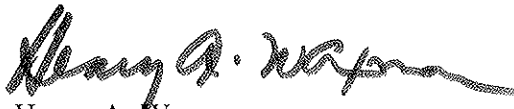
their findings typically have been disseminated in a very select manner (e.g., peer-reviewed articles) via very select mechanisms (e.g., clinical or academic journals) to a very select audience (e.g., other researchers). This strategy is effective in reaching mainly academic audiences, but it is ineffective in disseminating the methodologies and findings to those who need them the most: state- and local-level workers who are planning, developing, adapting, and implementing prevention activities in their communities.<sup>3</sup>

In fact, IOM noted that when the Presidential Advisory Council on HIV/AIDS had urged broader dissemination of research findings, CDC responded that the Prevention Research Synthesis project — which created the original Compendium — would achieve this.<sup>4</sup> Yet today, you appear to be describing a return to precisely the limited type of distribution that the project, and Compendium, were designed to address.

The Compendium served — and should continue to serve — a role that these narrower forms of distribution cannot. Your experts' findings on HIV prevention should be disseminated as broadly as possible, with the agency's imprimatur. Yet your letter provided no explanation of why CDC has failed to update this crucial resource.

I am writing to Secretary of Health and Human Services Michael O. Leavitt to request information about the Department's role in the failure to update the Compendium. While I fully support all of the CDC HIV prevention efforts that you described in your letter, I must repeat my request for an explanation of why you are not updating the Compendium to provide information on the full range of effective programs. Please respond to this letter by October 13, 2006.

Sincerely,



Henry A. Waxman  
Ranking Minority Member

---

<sup>3</sup> Institute of Medicine, *No Time to Lose: Getting More From HIV Prevention* at 69 (2001).

<sup>4</sup> *Id.*